

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000087669**

1. Corporation Name
PMW SPORTS, INC.

Principal Place of Business
**15505 BERENSON PLACE
TAMPA FL 33647**

Mailing Address
**15505 BERENSON PLACE
TAMPA FL 33647**

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90003 015 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
15505 BERENSON PLACE TAMPA FL 33647		26 PMB 370		10/14/1998	
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
City & State		28 Tampa, FL		59-3538174	
Zip		29 33647		5. Certificate of Status Desired	
Country		30 US		8. This corporation owes the current year Intangible Personal Property.	

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

I, Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

GNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 7/6/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. TITLE	1.1 TITLE	Change Addition
3. STREET ADDRESS	4. CITY-ST-ZIP	1.2 NAME	
5. CITY-ST-ZIP		1.3 STREET ADDRESS	
6. CITY-ST-ZIP		1.4 CITY-ST-ZIP	
7. NAME	8. TITLE	2.1 TITLE	Change Addition
9. STREET ADDRESS	10. CITY-ST-ZIP	2.2 NAME	
11. CITY-ST-ZIP		2.3 STREET ADDRESS	
12. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
13. NAME	14. TITLE	3.1 TITLE	Change Addition
15. STREET ADDRESS	16. CITY-ST-ZIP	3.2 NAME	
17. CITY-ST-ZIP		3.3 STREET ADDRESS	
18. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
19. NAME	20. TITLE	4.1 TITLE	Change Addition
21. STREET ADDRESS	22. CITY-ST-ZIP	4.2 NAME	
23. CITY-ST-ZIP		4.3 STREET ADDRESS	
24. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
25. NAME	26. TITLE	5.1 TITLE	Change Addition
27. STREET ADDRESS	28. CITY-ST-ZIP	5.2 NAME	
29. CITY-ST-ZIP		5.3 STREET ADDRESS	
30. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
31. NAME	32. TITLE	6.1 TITLE	Change Addition
33. STREET ADDRESS	34. CITY-ST-ZIP	6.2 NAME	
35. CITY-ST-ZIP		6.3 STREET ADDRESS	
36. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 7/6/99 (813) 910-9676 Daytime Phone #

CR2E034 (5/99)